## Best Available Copy

		PAIENI		Effective	ORD	09521Ye87							
		CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP	LL ENTI		OTHE	R THAN ENTITY
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٠	MULTIPLE DEPENDENT CLAIM PRESENT										— OF	X78=	78
	* If the difference in column 1 is less than zero, enter "0" in column 2								+130	=	Of	+260=	
1							•	· column 2	TOTA		OF	TOTAL	838
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1		8-29-05		umn 1)	,		olumn 2)	(Column 3)					
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ŀ	_		CU	mn 1) UMS		(Co	olumn 2) IGHEST	(Column 3)					
AMENDMENT C			AF	INING TER DMENT		PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL
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		Independent	•		Minus	***	·	= .	X39=	<del> </del>	OR		
F		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>  </del>	OR	X78=	
I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+130=		OR	+260=		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," I TOTAL OR TOTAL													
l	!! !!	the "Highest Nur	nber Prev nber Prev	riously Pai riously Pai	d For IN THIS id For IN THIS	S SPAC	E is less than	20; enter "20."	ADDIT. FEE	<u> </u>		ADDIT, FEE L	

Application or Docket Number